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Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	2020 delivery summary		
Sponsoring Executive	Toby Lewis, Chief Executive		
Report Author	Toby Lewis, Chief Executive, and Dave Baker, Director of Partnerships and Innovation		
Meeting	Trust Board	**Date**	2nd May 2019

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The Board is asked to consider progress over the last four years with **our key pillar plans**, and to assess whether the outlined approach to monitoring the final eighteen months of the Vision is proportionate and suitable. It was briefly considered in our development time earlier in the month.

Whilst the Board has not focused subsequent attention on the **promises of specific services**, an estimate of current state progress is shown here, together with a commitment to a dataset in July. In August we will determine after engagement with Groups in May and July what the most likely 2020 delivery level is for each promise.

The IQPR shows significant improvement in recent months collating data on patient opinion using the F&F indicator. However, the 2020 vision is seeking a different **dataset of care coordination**. We will work through for June's development time and August's Board what that dataset is and how it can best be obtained in October 2019, March 2020 and October 2020.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	X	Public Health Plan	X	People Plan & Education Plan	X
Quality Plan	X	Research and Development	X	Estates Plan	X
Financial Plan	X	Digital Plan	X	Other *[specify in the paper]*	X

3. Previous consideration *[where has this paper been previously discussed?]*

Board development session in April and prior Trust Boards

4. Recommendation(s)

The Trust Board is asked to:

a.	**RECOGNISE** the progress made with the key underlying 2020 plans
b.	**NOTE** the intention to agree 'destination delivery' levels with Groups in July
c.	**CONSIDER** a care coordination dataset in Q2 as outlined

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		n/a					
Board Assurance Framework		Aligned to specific plans					
Equality Impact Assessment	Is this required?	Y	X	N		If 'Y' date completed	8/19
Quality Impact Assessment	Is this required?	Y	X	N		If 'Y' date completed	8/19

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board: 2 May 2019

Delivering our 2020 Vision – update

1. Context and governance

1.1 Our 2020 Vision was the product of considerable engagement with employees in 2014 and 2015, and some involvement with partners. It marked an important step in three ways:

- The document committed us to a **single definition of what we meant by coordinated**, or integrated, care. That definition was from the patient's perspective and was coordinated by National Voices.

"I can plan by my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me"

- The vision indicated that we viewed our hospital services as **a part of a wider system of care**, provided by carers, by other partners, and by our own teams. In the context of a future, smaller, Midland Met that clarity was important.

- And, with our pillar plans, we sought **to define success by the end of this decade**. We set out quantified measures for our future in R&D, Public Health, Safety, Education and Quality. It was in these five areas that we sought to define our contribution.

1.2 After our Vision was developed and shared, we saw the development of the Five Year Forward View for the NHS, which echoed many of our ambitions. More recently the NHS Long Term Plan resonates with the vision. The wider NHS, and some Local Authorities, have embraced a narrative that we can find efficiency in joined up models of care, and effectiveness gains by working more 'up-stream' with local communities.

1.3 In 2017 CQC confirmed that our Vision had strong penetration among our employees. That was the indicated basis for 'upgrading' our Well-Led rating to Good. The 2018 inspection which changed that rating used a different methodology – rather than one that found we had regressed on vision.

1.4 The Board restructured how we worked to map our 2020 vision to our committees, and to ensure that we set up a Strategic Board Assurance Framework which tested risk against our plans. The aim of the executive committees was to bring together subject matter

experts with each Clinical Group. The Board committees were expected to focus on these plans. Initially we looked to structure our PMO and improvement approach to these plans. This is due to restart in 2019-20 after a pause in 2018-19. From May 2019 our Group Level performance review will focus on these long term plans.

	Board governance	**Executive governance**
2020 vision	Board	CLE
People Plan	People and OD	Workforce delivery
Education Plan	People and OD	Education, learning and development
Quality Plan	Quality and Safety	Executive Quality Committee
Safety Plan	Quality and Safety	Executive Quality Committee
LTFM	Finance and investment	Performance management ctte.
Research and development	Quality and Safety	R&D committee
Public Health	Public Health, Equality and Community Development	Public Health, Equality and Community Development
Estate plans	Estate MPA	Estate development ctte.
Digital plans	Digital MPA	Digital

2. Delivery to date: Key 'pillar' plan level

2.1 Over the last five years we have focused attention on delivery of the headline plans. We paused the Quality Plan until 2018-19. It has been taken forward this year through our work on amenable mortality and on sepsis. At June's Board we will confirm the split of remaining targets to be delivered in 2019-20 and those to be secured in 2020-21.

2.2 Our R&D and Public Health Plans have been revisited by the Board and are now on second iteration. In both cases our judgement was that we had delivered the vast majority of our first phase targets. Together there were 24 measures in the first plans. We achieved 20 of those, notably:

- Increasing research activity by over 50% as measured through portfolio study candidates
- Moving all our waste out of landfill and achieving our energy use reduction targets
- Securing population coverage of carbon monoxide testing in pregnancy and staff coverage for expert asthma training in paediatrics
- Implementing our apprentice programme, including targeted initiatives for hard to reach groups such as the street homeless and care leavers
- Growing the number of specialties involved in research, with notable changes in anaesthesia and in T&O

The missed standards from our 2015-17 plans were picked up in the second phase, of which the biggest press is on smoking, Making Every Contact Count, and on alcohol services.

2.3 The Trust's Safety Plan is presently being renewed. In March 2018 we were a finalist in the HSJ Patient Safety Awards for this work. Every single inpatient has a series of timed checks, and at 48 hours after admission the Chief Nurse is involved in resolving any missed checks. Our success rate was over 99%. Before we go live with Unity we are determined to ensure that each patient benefits from that model of care, which we correlated to a big fall in falls in our Trust. This, and the consistency of care programme, are intended to develop a inter-disciplinary culture of ward care. The latest CQC outcome and other data would suggest that this is not yet achieved.

2.4 Our education plan and People Plan have evolved together. The big gains in training spend, and the completely revised approach to appraisal, are the obvious gains made since publication. But we have also met other key measures including changes in the diversity of our band 8+ leadership. We continue to be highly rated by students and are launching Aston Medical School's clinical placements in 2020. We concluded in autumn 2018 that the plans had delivered gains, but the scale and spread of those gains needed to step up. The reframing of the Board's People and OD committee, and development of a weekly People PMO, reflects that ambition. In addition since the documents were conceived the Board has committed itself to two other underpinning programmes:

- **weconnect**: We agreed in summer 2018 that we wanted to deliver 'premier league' engagement outcomes with our staff. The latest data presented in our Board papers suggests that we are half way to that aim already, which is encouraging.
- **welearn**: This key programme for 2019 and 2020 is intended to create a learning culture manifest in behaviours across our Trust. It builds on the sustained success of our QIHD work, and the energy generated around our poster contests. The programme will launch in earnest on June 4th at our Leadership Conference.

2.5 Patently both the estate and digital plans are in delay, in both cases because the flagship projects have been moved back from 2017 and 2018 to 2019 and 2022. The wider estate plan has very largely been delivered to time, and consistently to budget and quality. This includes innovative schemes like the new GP practice at Sandwell and important major schemes like Trinity House and the City Energy Centre. The digital programme has been successful and has been in effect renovated over the last six months. Our Board development session challenged whether the resultant actions responded in full to future business needs. We will consider once we have a stable baseline later in 2019 how we can create the innovation space to match frontline ambition with technological enablement. We have good discussions with the AHSN and other partners along those lines.

2.6 Our finance and long term workforce plans have achieved the desired state as at 2018-19 year end that we sought. But neither our trajectory nor our absolute numbers are as we anticipated. Some of that is extrinsic, with the delay to Midland Met. Some is extrinsic with modest community commissioning locally outwith the PCCF. Our localisation changes are now contracted and planned, but two years after we originally envisaged. As the GE report we commissioned in 2017 sets out our workforce numbers have not reshaped as we expected, and the upcoming Midland Met FBC sees a more modest change in workforce volumes consistent with revised national planning guidance. However, we have delivered a surplus or our control total in all bar one year of the plan, and expect to remove our underlying deficit by April 2021, excluding the PDC impact of a publicly finances new build for Midland Met.

2.7 To precis therefore our position in graphical form:

People Plan	Amber
Education Plan	Green
Quality Plan	Unrated
Safety Plan	Green
LTFM	Amber
Research and development	Green
Public Health	Green
Estate plans	Amber
Digital plans	Red

We halted work to develop a Strategic Performance Report in 2015-16 and are looking to produce a simplified and revised format in Q2 2019-20 [DB].

3. Group level positions

3.1 Less prescriptive attention has been paid to the overarching promises made by clinical groups in support of the wider vision. We are using May and July's group reviews to revisit these and to asses them as either:

- delivered
- deliverable
- superseded

3.2 An initial assessment suggests considerable progress consistent with the gains above:

- More services achieving research esteem
- Reduced waiting times, and comparative excellence against peers
- The development of partnerships for services like ENT
- Sustaining excellence in areas like Behcets and BMEC
- Critical care provision being rated as outstanding
- Integration of GUM and CASH into our sexual health service at the Lyng and elsewhere

- A series of gains associated with End of Life Care
- We have invested in imaging excellence including Cardiac MRI
- More services open at weekends
- Educational gains and partnerships

3.3 On the other hand we established some ambitious aims for community integration and GP joint working. 2019-20 will see whether we can deliver on those expectations in full. In particular we held out an expectation of:

- Services developing excellence in joint working with primary care and
- We aimed to reframe services on a population health basis

3.4 An interim assessment of Group positions will come to the June board development session [TL].

4. Assessing our levels of coordination through the eyes of our patients

4.1 We said that by 2020 we would study patient opinion to understand both quantitatively and qualitatively, how coordinated services appeared. That remains to be done but should form an important step in finalising any 2025 ambitions and next step plans. This is different to our work on patient opinion after service contact through the FFT scores, or our unique Purple Phone project.

4.2 The present intention will be to undertake studies on opinion on how joined up care is for our patients in October, March and October [RW]. This will be targeted at specific services, pathways and groups of patients. It will both help us to evaluate the work done under our Vision, and to consider how we go forward as a Trust and a Care Alliance. If possible we undertake these studies with partners, and consider whether we can develop a tool that could be used more widely within the STP.

4.3 At the same time, we [KD] will assess all of our 2019-20 complaints to understand how far they point to coordination hot spots that can be improved. We will also use our 48-hour pilot and other contact points [PG] to develop FFT scores for our community based services.

5. Considering our 2019-20 investments by reference to our 2020 vision

5.1 We make two types of investments each year:

- Revenue commitments to staffing or service expansion
- Capital investments to meet our ambitions

In each case, these decisions reflect both long term and short term goals, and respond to the strategic plan, but also to external obligations and employee feedback.

5.2 The capital plan came to last FIC and Board meeting. It provides for investment in our digital and estate programmes. It also includes equipment replacement for frontline services. For the first time that programme is being governed directly through our Clinical Leadership Executive. We expect to confirm decisions from that in our May meeting.

5.3 Our 19-20 revenue investment decisions are summarised below. This excludes the cost side of our localisation project, energy, rates and national pay wards.

People and Education	720k	Training budget, educational fellows, management capacity, mediation
Public Health	130k	Smoking, IVDA,
Digital	750k	Unity additionality
Estate	1,000	Car parking
Care Integration	1,200	Critical care, med reg, PCCT, PAU
Imaging improvement programme (?quality plan)	1,400	
Other	560k	Inflation and Open referrals

5.4 We retain a small set of reserves to address specifically:

- Winter planning
- Quality plan delivery once confirmed
- Contingency and risk

Commitments within that will be approved as per our SFIs and the FIC scheme of delegation. A quarterly review of release will be provided to the July, November and March Finance and Investment Committees.

6. Concluding reflections

6.1 We can evidence that our pillar plans drive much of the work of the senior leadership. Since 2017 we have lost some focus on the quantified objectives in those plans, except People and Quality. This can be remedied as outlined above.

6.2 A process was set up in February to ensure that in 2019-20 Groups and the Executive focused interface time on the 2020 vision. This is described above.

6.3 We have work to do to test the patient experience of Coordination of Care in order to share our future operating plans as a service and as an Alliance.

Toby Lewis
Chief Executive
April 26th 2019